Sub-Internship Course Overview
Family and Community Medicine
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I. Introduction

Family Medicine Sub-internship Overview

During this 4 week rotation, designed to mimic a four week Family Medicine In-Patient rotation for a PGY 1 resident. Students are assigned to work with the Inpatient Family Medicine team at Ben Taub General Hospital (BTGH) and Northwest Community Health Center (NWC). The inpatient experience provides an opportunity for motivated students to challenge themselves with an in-depth experience in managing underserved patients with many complex comorbidities through the perspective of an inpatient family medicine service. The NWC experience includes seeing patients of all ages for routine ambulatory sick care, preventative care, women for prenatal care and children for both sick visits and for periodic health check ups including immunizations. The goal of the experience is to help prepare future family physicians to provide high quality outpatient and inpatient management of common problems, including procedures and medical emergencies.

There are two sites for the family and community medicine sub-internship Ben Taub General Hospital and Northwest Clinic. Each Sub-intern will rotate at both sites within the four week period. Please see rotation detailed schedule. A bulk of the experience is at BTGH.

WEEK 1

- **Academic Half Day (First Monday of the rotation):** There is a common academic half day sub-internship orientation. This is mandatory. All students must attend.
  - Monday—1 pm - 3 pm, (BTGH) Admitting patients, Rounding on current and new patients with faculty and resident team
    - 3 pm – 6 pm Presentation rounds with faculty and residents
    - 6 pm Handoff to night team
  - Tuesday—no admissions
    - 9 am – 1 pm Presentation rounds on current patients with faculty and residents, evidence based presentation by student and resident to faculty (topics will be assigned by faculty and relevant to cases at hand)
    - 1 pm – 6 pm Rounding on current patients and charting
    - 6 pm Handoff to night team
  - Wednesday—7 am - 12 pm, Admitting patients, Rounding on current and new patients with faculty and resident team
    - 3 pm – 6 pm Presentation rounds with faculty and residents
    - 6 pm Handoff to night team
  - Thursday—no admissions, attend conference, lectures, etc.
    - 8 am – 1 pm (NWC) Ambulatory care Family Medicine adult and pediatric continuity patients (PGY-2 & PGY-3 patient panel), check-out patients with attending provider
    - 1:30 pm - 4:30 pm Inpatient Core Lecture
    - 6 pm Handoff to night team
  - Friday—11 am - 3 pm Admitting patients, Rounding on current and new patients with faculty and resident team
    - 3 pm – 6 pm Rounding on current patients and charting
    - 6 pm Handoff to night team
  - Weekends rounds are 9 am – 12 noon Rotation schedule to be arranged by third year upper level and will be shared amongst Sub-Internship student and resident interns.
We admit on holidays.

**WEEK 2**

- **Monday**—7 am - 3 pm, Admitting patients, Rounding on current and new patients with faculty and resident team
  - 3 pm – 6 pm Presentation rounds with faculty and residents
  - 6 pm Handoff to night team
- **Tuesday**—no admissions
  - 8 am – 1 pm (NWC) Pre-natal care patients (PGY-2 & PGY-3 patient panel), check-out patients with attending provider
  - 1 pm – 6 pm Rounding on current patients and charting
  - 6 pm Handoff to night team
- **Wednesday**—7 am - 12 pm, Admitting patients, Rounding on current and new patients with faculty and resident team
  - 3 pm – 6 pm Presentation rounds with faculty and residents
  - 6 pm Handoff to night team
- **Thursday**—no admissions, attend conference, lectures, etc.
  - 9 am – 1 pm Presentation rounds on current patients with faculty and residents, evidence based presentation by student and resident to faculty (topics will be assigned by faculty and relevant to cases at hand)
  - 1:30 pm - 4:30 pm Inpatient Core Lecture
  - 6 pm Handoff to night team
- **Friday**—11 am - 3 pm Admitting patients, Rounding on current and new patients with faculty and resident team
  - 3 pm – 6 pm Rounding on current patients and charting
  - 6 pm Handoff to night team
- **Weekends rounds** are 9 am – 12 noon Rotation schedule to be arranged by third year upper level and will be shared amongst Sub-Internship student and resident interns.
- **One call** from the following is required to be assigned by PGY-2 & PGY-3:
  - 7 am – 7 pm (Saturday or Sunday) Partnered call with upper level resident
  - 7 pm – 7 am (Saturday or Sunday) Partnered call with upper level resident
- We admit on holidays.

**WEEK 3**

- **Monday**—7 am - 3 pm, Admitting patients, Rounding on current and new patients with faculty and resident team
  - 3 pm – 6 pm Presentation rounds with faculty and residents
  - 6 pm Handoff to night team
- **Tuesday**—no admissions
  - 9 am – 1 pm Presentation rounds on current patients with faculty and residents, evidence based presentation by student and resident to faculty (topics will be assigned by faculty and relevant to cases at hand)
  - 1 pm – 6 pm Rounding on current patients and charting
  - 6 pm Handoff to night team
- **Wednesday**—7 am - 12 pm, Admitting patients, Rounding on current and new patients with faculty and resident team
- 3 pm – 6 pm Presentation rounds with faculty and residents
- 6 pm Handoff to night team

○ Thursday—no admissions, attend conference, lectures, etc.
  - 8 am – 1 pm (NWC) Ambulatory care Family Medicine adult and pediatric continuity patients (PGY-2 & PGY-3 patient panel), check-out patients with attending provider
    - 1:30 pm - 4:30 pm Inpatient Core Lecture
- 6 pm Handoff to night team

○ Friday—11 am - 3 pm Admitting patients, Rounding on current and new patients with faculty and resident team
  - 3 pm – 6 pm Rounding on current patients and charting
  - 6 pm Handoff to night team

○ Weekends rounds are 9 am – 12 noon Rotation schedule to be arranged by third year upper level and will be shared amongst Sub-Internship student and resident interns.

○ We admit on holidays.

**WEEK 4**

○ Monday—7 am - 3 pm, Admitting patients, Rounding on current and new patients with faculty and resident team
  - 3 pm – 6 pm Presentation rounds with faculty and residents
  - 6 pm Handoff to night team

○ Tuesday—no admissions
  - 8 am – 1 pm (NWC) Pre-natal care patients (PGY-2 & PGY-3 patient panel), check-out patients with attending provider
  - 1 pm – 6 pm Rounding on current patients and charting
  - 6 pm Handoff to night team

○ Wednesday—7 am - 12 pm, Admitting patients, Rounding on current and new patients with faculty and resident team
  - 3 pm – 6 pm Presentation rounds with faculty and residents
  - 6 pm Handoff to night team

○ Thursday—no admissions, attend conference, lectures, etc.
  - 9 am – 1 pm Presentation rounds on current patients with faculty and residents, evidence based presentation by student and resident to faculty (topics will be assigned by faculty and relevant to cases at hand)
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  - 3 pm – 6 pm Rounding on current patients and charting
  - 6 pm Handoff to night team

○ Weekends rounds are 9 am – 12 noon Rotation schedule to be arranged by third year upper level and will be shared amongst Sub-Internship student and resident interns.

○ One call from the following is required to be assigned by PGY-2 & PGY-3:
  - 7 am – 7 pm (Saturday or Sunday) Partnered call with upper level resident
  - 7 pm – 7 am (Saturday or Sunday) Partnered call with upper level resident

○ We admit on holidays.
### SUB I SCHEDULE OVERVIEW

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<tr>
<th></th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
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<tr>
<td>WEEK 1</td>
<td>AM</td>
<td>BCM (Orientation)</td>
<td>Hospital (Rounds)</td>
<td>Hospital (Admissions)</td>
<td>Clinic (Amb Care)</td>
<td>Hospital (Admissions)</td>
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<td></td>
<td>PM</td>
<td>Hospital (Admissions)</td>
<td>Hospital (Rounds)</td>
<td>Hospital (Rounds)</td>
<td>Hospital (Admissions)</td>
<td>Hospital (Admissions)</td>
<td>OFF</td>
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<tr>
<td>WEEK 2</td>
<td>AM</td>
<td>Hospital (Admissions)</td>
<td>Clinic (Prenatal care)</td>
<td>Hospital (Admissions)</td>
<td>Hospital (Rounds)</td>
<td>Hospital (Admissions)</td>
<td>12 HOUR CALL</td>
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<td>Hospital (Rounds)</td>
<td>Hospital (Rounds)</td>
<td>Hospital (Admissions)</td>
<td>Hospital (Admissions)</td>
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<tr>
<td>WEEK 3</td>
<td>AM</td>
<td>Hospital (Admissions)</td>
<td>Hospital (Rounds)</td>
<td>Hospital (Admissions)</td>
<td>Clinic (Amb Care)</td>
<td>Hospital (Admissions)</td>
<td>OFF</td>
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<tr>
<td></td>
<td>PM</td>
<td>Hospital (Admissions)</td>
<td>Hospital (Rounds)</td>
<td>Hospital (Rounds)</td>
<td>Hospital (Didactics)</td>
<td>Hospital (Admissions)</td>
<td>OFF</td>
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<tr>
<td>WEEK 4</td>
<td>AM</td>
<td>Hospital (Admissions)</td>
<td>Clinic (Prenatal care)</td>
<td>Hospital (Admissions)</td>
<td>Hospital (Rounds)</td>
<td>Hospital (Admissions)</td>
<td>12 HOUR CALL</td>
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<td>Hospital (Rounds)</td>
<td>Hospital (Didactics)</td>
<td>Hospital (Admissions)</td>
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Hospital – Ben Taub General Hospital (BTGH)
Clinic – Northwest Community Health Center (NWC)

**Call:**

To simulate the call experience in accordance with the common core elements of a Sub-Internship, all Family Medicine Sub-Internship students must participate in a call experience. This will be in the form of a partnered 12 hour call with a PGY 2 or PGY 3 resident at BTGH. The calls are one 12 hour shift on the weekends following Week 2 and Week 4. Call may be a day or night shift and will be assigned by the resident on the inpatient team. Student presents to Ben Taub Family Medicine resident room for call either 7 am or 7 pm depending on the shift and leaves the following day after appropriate handoffs have given to the inpatient and obstetrical team. The sub-intern is required to evaluate any issues involving medicine or obstetrical patients during their call experience. The sub-intern is required to stay to receive handoffs at the beginning and end of each night float shift.

During inactive times during their shift, the sub-intern student is welcome to rest in the “hotel” overnight stay rooms.

**Note:** If the Family Medicine service is not busy during the day and the student wishes to experience more Obstetrics—he or she can round with the FM/OB attending and resident. The student is free to round on any newborn/postpartum patients and help manage any patients in active labor.
Restrictions: Family Medicine subinternship is only available for Baylor College of Medicine medical students

Learning Activity Outline:
Sub-Internship interns are responsible for managing approximately 3-4 patients.

Sub-Internship interns are responsible for H&P, progress note documentation on all their assigned patients. All documentation must be reviewed by the upper level resident or attending.

Sub-Internship interns are responsible for generating a differential diagnosis and management plan, ordering appropriate studies, labs or medications in EPIC, updating the patient list to include active and relevant conditions, writing and facilitating discharges, and providing and receiving handoffs.

All subintern orders must be co-signed by the upper level.

Method of Evaluation:

All Sub-Internship interns are evaluated on these competencies by those they have worked with clinically, the grades will be based solely on these interactions with attending faculty. This evaluation is based on direct observation, and is anchored on the competencies described above. Faculty may receive input from residents and interns on the service.
Principles of Patient Care:

Subinterns are evaluated based on the 6 ACGME competencies.

1. **Knowledge.** A subintern should exhibit a comprehensive knowledge of the medical problems common to each discipline, including an understanding of pathophysiology and spectrum of disease severity. They should be able to formulate broad differential diagnoses of each medical problem, know the major and minor diagnostic studies, most treatment options, and major and minor complications of disease, studies, and treatments. They should understand and educate their patients on indications and contraindications, risks and benefits of treatments and procedures.

2. **Patient Care.** A subintern should be able to reliably gather data and report accurately and efficiently to their team, be able to independently and accurately interpret most clinical situations and test results, be able to accurately recognize ill patients and changes in clinical situations, be able to independently formulate plans for diagnosis and treatment of most common presentations and diseases, and be able to appropriately obtain informed consent, coordinate care, address issues surrounding end-of-life care.

3. **Professionalism.** A subintern should demonstrate respect, compassion and integrity as well as accountability and excellence in carrying out responsibilities, and take initiative in identifying and addressing needs of patient and team. A subintern assumes Responsibility for their own actions and monitors their performance for errors and areas. To improve, independently identifies and fills knowledge gaps, is committed to excellence inpatient care, and is a patient advocate and works to address patient needs beyond basic medical care.

4. **Interpersonal and Communication Skills.** A subintern should have excellent communication with the patients, family members with detailed attention to the inclusion of relevant information and synthesis of clinical information, rationale for ongoing treat mentor new plans utilizing terms appropriate to patient’s educational level and scientific jargon. They should be able to effectively communicate and establish rapport with even the most challenging patients, nurses, and staff. Demonstrates understanding of the cultural sensitivities and patient wishes with regards to health care and incorporates this knowledge into the discussions with the patient.

5. **Practice-Based Improvement.** A subintern should effectively assimilate and appraise clinical information and evidence and use it effectively to improve patient care. They should not only recognizes what to do for best outcomes, but also why, based on what literature and who says.

6. **System-Based Practice.** A subintern should demonstrate proficiency in coordinating comprehensive and longitudinal patient care both within the hospital and during transition of care from inpatient to outpatient settings, and should demonstrate understanding and coordinates patient care plans utilizing the resources available both within the hospital and in the community in an appropriate and efficient manner including, but not limited to; nursing staff, social work, case-management, specialty consultants and ancillary staff.
II. Clinical Sites:

Sub-Internship Location:
Ben Taub General Hospital
1500 Taub Loop
Houston, Texas 77030
Resident Spectra link: 713-873-9690

Family Medicine Home Base: located on the 3rd floor across 3B. This is the FM residents call room.

Northwest Community Health Center
1100 west 34th street
Houston, Texas 77018
Residency Office: 713-867-8281

III. Contact and Site Information:

Course Director: Fareed Khan, MD
Phone: 713-867-8281
Mobile: 832 495-7733
Email: fkhan.bcm.edu

Course coordinator: Bridget Angel, MA
Phone: 713-798-6590
Email: bridget.angel@bcm.edu

Access code to home base: 4321*
Family Medicine Inpatient contact #: 713 873-8849
FM Spectralink: 713-873-9690
FM Inpatient Service pager: 281-952-5206
IV. BCM Compact between Teachers, Learners and Educational Staff

Compact between Teachers, Learners, and Educational Staff: Learners pursuing a professional career at Baylor College of Medicine assume responsibility to develop in-depth knowledge, acquire and apply special skills, and demonstrate professionalism. Teachers guide and educate learners, and model appropriate attitudes, interpersonal skills and professional behaviors. Core educational staff supports both learners and teachers. This Compact serves both as a pledge and a reminder to teachers, learners, and educational staff that moral, ethical and professional behavior by all Baylor personnel is essential to the basic principles of this institution.

Guiding Principles of the Educational Compact

**Duty:** All participants in the education mission have a duty to sustain a learning environment conducive to maintaining the knowledge, attitudes, and skills necessary for providing contemporary standards of professional behavior.

**Integrity:** All education participants/parties will behave in a manner that reflects individual and institutional commitment to intellectual and moral excellence.

**Respect:** Fundamental to the ethic of professions is respect for every individual. Mutual respect between learners, as newer members of the profession, and their teachers, as experienced professionals, is essential for nurturing that ethic. In addition to individual respect, all educational parties must respect and follow established professional policies.
Teacher Responsibilities

As a teacher, I pledge to:

- Maintain currency in my professional knowledge and skills
- Ensure excellence of the educational curriculum
- Be a Model of professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- Nurture learner commitment to achieve personal, family, and professional balance.
- Recognize and acknowledge expressions of professional attitudes and behaviors as well as the achievement of quantifiable academic excellence
- Respond vigorously to unprofessional behavior and indications of abuse or exploitation of faculty, learners, patients, colleagues, or staff
- Create a safe environment in which individuals can communicate any concern about breaches of this compact
- Accept responsibility for instilling these attributes in learners and faculty for whom I have responsibility

Learner Responsibilities

As a learner, I pledge to:

- Acquire the knowledge, skills, attitudes, and behaviors necessary to fulfill all established educational objectives
- Embody the professional virtues of integrity, empathy, altruism, compassion, respect, honesty, courage, and trustworthiness
- Respect as individuals, without regard to gender, race, national origin, religion, or sexual orientation, all patients, peers, faculty and staff
- Uphold the highest professional standards and conduct myself accordingly in all interactions with patients, peers, faculty and staff
- Assist my fellow learners in meeting their professional obligations, while fulfilling my own obligations as a professional
- Help create a safe environment in which individuals can communicate any concern about breaches of this compact
Educational Staff Responsibilities

As educational staff, I pledge to:

- Maintain currency in my professional knowledge and skills
- Help ensure excellence of the educational curriculum
- Embody professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- Help create a safe environment in which faculty, learners, and staff can work and can communicate any concern about breaches of this compact
V. Baylor College of Medicine Core Competencies and Graduation Goals (CCGG’s):

1. Professionalism
   Each student graduating from BCM will:
   1.1. Apply ethical decision making that uphold patient and public trust
   1.2. Employ honesty, integrity, and respect in all interactions
   1.3. Demonstrate a commitment to advocate for the needs and well-being of patients, colleagues, and self
   1.4. Demonstrate caring, compassion, and empathy
   1.5. Demonstrate awareness of one's own biases and sensitivity to diverse patients and colleagues
   1.6. Identify and fulfill responsibilities and obligations as a learner and a colleague
   1.7. Recognize and avoid conflicts of interest
   1.8. Adhere to patient confidentiality rules and regulations

2. Medical knowledge
   Each student graduating from BCM will:
   2.1. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to diagnose, manage, and prevent disease
   2.2. Utilize the principles of public health, epidemiology, and biostatistics in identifying and reducing the incidence, prevalence, and severity of disease to improve health
   2.3. Interpret diagnostic tests as they relate to common clinical, laboratory, and radiologic findings in the spectrum of health and disease

3. Patient care
   Each student graduating from BCM will:
   3.1. Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care
   3.2. Develop and implement patient evaluation and management plans appropriate to all levels of patient acuity
   3.3. Develop a prioritized problem list and differential diagnosis using patient’s biopsychosocial history, medical records, physical exam findings, and diagnostic studies
   3.4. Obtain consent for and perform basic technical procedures competently
   3.5. Perform comprehensive and focused biopsychosocial exams in a variety of patient care settings and recognize when each is indicated
   3.6. Assess health risks using gender- and age-appropriate criteria and recommend potential preventive and therapeutic interventions
   3.7. Select and interpret diagnostic tests accurately
   3.8. Interpret physical findings accurately
   3.9. Utilize critical thinking to provide appropriate evidence or support for clinical decisions and management of diseases
3.10. Provide timely and accurate documentation of all assessment, plans, interventions, and orders – including prescriptions and transfers-of-care between providers or settings

4. Interpersonal and communication skills
   Each student graduating from BCM will:
   4.1. Demonstrate patient-centered interview skills in order to create and sustain a supportive and therapeutic relationship with patients and families
   4.2. Demonstrate the ability to communicate effectively, efficiently, and accurately as a member or leader of a health care team
   4.3. Demonstrate the ability to effectively communicate and collaborate with colleagues, other health care professionals, or health related agencies
   4.4. Apply verbal and written medical communication skills to basic and advanced medical scenarios

5. Practice-based learning and improvement
   Each student graduating from BCM will:
   5.1. Identify personal strengths and deficiencies in one’s knowledge, skills, and attitudes to integrate feedback and set personal improvement goals
   5.2. Use and manage technology to access medical information resources to expand personal knowledge and make effective decisions
   5.3. Apply principles and practices of evidence-based medicine (EBM) in making decisions about prevention, diagnosis, and treatment of disease

6. Systems-based practice
   Each student graduating from BCM will:
   6.1. Analyze the roles insurance plans and health care providers play in the health care system and how they affect providers’ and patients’ behavior
   6.2. Provide appropriate referral of patients, including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
   6.3. Examine the role of quality improvement and clinical pathways in optimizing health systems
   6.4. Demonstrate the rationale for reporting and addressing events that could affect patient safety

7. Leadership
   Building upon the foundation of competence in the other six domains, each student graduating from BCM will be able to:
   7.1. Demonstrate the ability to work effectively as a member of an interprofessional health care team
   7.2. Demonstrate the ability to give and receive behaviorally-specific feedback
   7.3. Utilize skills that enhance the learning environment and team functioning
### VI. Relationship of Sub-Internship Objectives to College of Medicine Graduation Competencies and Educational Program Objectives:

<table>
<thead>
<tr>
<th>Medical Program Objective(s)</th>
<th>Related Sub-Internship Objective</th>
<th>Mode of Teaching</th>
<th>Mode of Assessment</th>
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<tbody>
<tr>
<td>Professionalism</td>
<td>Demonstrate a commitment to accountability, excellence in practice, adherence to ethical principles, humanism, altruism, and sensitivity to diversity</td>
<td>Orientation workshop Academic Half Day</td>
<td>Participation</td>
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<tr>
<td>1.4</td>
<td>Demonstrate a commitment to accountability, excellence in practice, adherence to ethical principles, humanism, altruism, and sensitivity to diversity</td>
<td>Orientation workshop Academic Half Day</td>
<td>Participation</td>
</tr>
<tr>
<td>1.1,1.2,1.3, 1.4,1.5, 1.8</td>
<td>Compassionate, respectful, advocates for patient/family’s needs</td>
<td>Standards of professionalism on Blackboard site Faculty hospital attending preceptor experience</td>
<td>Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor Preceptor Student Performance Assessment</td>
</tr>
<tr>
<td>1.2, 1.3, 1.5, 1.6, 1.8, 7.3</td>
<td>Reliable and prepared, cooperative, proactive to colleagues and team</td>
<td>Standards of professionalism on Blackboard site Faculty hospital attending</td>
<td>Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment</td>
</tr>
</tbody>
</table>
| 1.2, 1.3, 1.5, 1.6, 1.7, 1.8 | Positive role model to other students | Standards of professionalism on Blackboard site  
Faculty hospital attending preceptor experience | Preceptor feedback  
Mid Sub-Internship and end of rotation  
Student Performance Assessment observation by your preceptor | Preceptor Student Performance Assessment |
| Medical Knowledge: demonstrate sufficient knowledge to provide patient care with appropriate supervision | | Standards of professionalism on Blackboard site  
Faculty hospital attending preceptor experience | Preceptor feedback  
Mid Sub-Internship and end of rotation  
Student Performance Assessment observation by your preceptor | Preceptor Student Performance Assessment |
| 2.1, 2.3, 3.2 | Recognizes signs/symptoms of clinical deterioration and outlines methods of initial treatment | Readings from reference list stored on residency Blackboard site, Use of online database e.g. Uptodate, Hospital rounds, Grand rounds, Noon conferences, CORE Didactic lectures, Faculty hospital attending preceptor experience | Faculty hospital attending preceptor feedback | Preceptor Student Performance Assessment |
| 3.4, 4.2 | Student explains to the patient/family in lay terms the indications, contraindications, risks and benefits of common medical procedures | Readings from reference list stored on residency Blackboard site, Use of online database e.g. Uptodate, Hospital rounds, Grand rounds, Noon conferences, CORE Didactic lectures, Faculty hospital attending preceptor experience | Faculty hospital attending preceptor feedback | Preceptor Student Performance Assessment |
| **Patient Care:** | provide patient care that is compassionate, appropriate and effective for the treatment of health problems | | | |
| 3.3 | Modifies the differential diagnosis and problem list to integrate updated clinical data | Faculty hospital attending preceptor experience | Preceptor feedback
| Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor | Preceptor Student Performance Assessment |
| 3.2 | Modifies the management plan to reflect updated clinical data | Faculty hospital attending preceptor experience | Preceptor feedback
| Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor | Preceptor Student Performance Assessment |
| 3.2, 3.8, 3.9 | Recognizes signs/symptoms of clinical deterioration and outlines methods of initial treatment | Faculty hospital attending preceptor experience | Preceptor feedback
| Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor | Preceptor Student Performance Assessment |
| 3.9 | Makes appropriate decisions about admission, discharge and transfers to higher/lower levels of care | Faculty hospital attending preceptor experience | Preceptor feedback | Preceptor Student Performance Assessment |
| 3.9 | Discuss the evidence supporting the relationship between structured handoffs and patient safety | Handoff Workshop Academic Half Day | Participation |
| 3.10, 4.2 | Plans and executes patient handoffs that ensure safe continuity of care | Faculty hospital attending preceptor experience | Preceptor feedback | Preceptor Student Performance Assessment |
| 3.10 | Provide timely and accurate documentation of all assessment, plans, interventions, and orders – including prescriptions and transfers-of-care between providers or settings | Handoff Workshop Academic Half Day | Participation |
| 3.1, 3.9, 4.3 | Interprets consultant recommendations and applies appropriately to the patient | Faculty hospital attending preceptor experience | Preceptor feedback  
Mid Sub-Internship and end of rotation  
Student Performance Assessment  
observation by your preceptor | Preceptor  
Student Performance Assessment |
| 3.3, 3.7, 3.9, 3.10 | Organizes and prioritizes responsibilities to provide patient care that is effective and efficient | Faculty hospital attending preceptor experience | Preceptor feedback  
Mid Sub-Internship and end of rotation  
Student Performance Assessment  
observation by your preceptor | Preceptor  
Student Performance Assessment |
| 3.10 | Provide timely and accurate documentation of all assessment, plans, interventions, and orders – including prescriptions and transfers-of-care between providers or settings  
Utilize the discharge navigator in EMR SandBox | Discharge Workshop  
Academic Half Day | Participation | |
<table>
<thead>
<tr>
<th>Interpersonal and Communication Skills: demonstrate interpersonal and written communication skills that results in effective information exchange and collaboration with patients, their families, and all members of the healthcare team</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
</tr>
<tr>
<td>4.2, 4.3</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>4.3</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>4.3</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>3.10, 4.2, 4.4</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>4.2, 4.3, 4.4</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
| 4.1 | Provides effective patient/family education (re: diagnosis, discharge, treatment plan) taking into account health literacy level | Faculty hospital attending preceptor experience | Preceptor feedback | Preceptor feedback
Mid Sub-Internship and end of rotation
Student Performance Assessment
observation by your preceptor | Preceptor Student Performance Assessment |
| 4.1 | Explains to the patient/family in lay terms the indications, contraindications, risks and benefits of common medical procedures | Faculty hospital attending preceptor experience | Preceptor feedback | Preceptor feedback
Mid Sub-Internship and end of rotation
Student Performance Assessment
observation by your preceptor | Preceptor Student Performance Assessment |
| 4.2, 4.3 | Requests and works with interpretation services appropriately | Faculty hospital attending preceptor experience | Preceptor feedback | Preceptor feedback
Mid Sub-Internship and end of rotation
Student Performance Assessment
observation by your preceptor | Preceptor Student Performance Assessment |
<p>| 4.1 | Builds rapport and encourages patient/family participation in shared-decision making (only for patient-family centered care) | Faculty hospital attending preceptor experience | Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor | Preceptor Student Performance Assessment |
| 4.2 | Demonstrate the ability to communicate effectively, efficiently, and accurately as a member or leader of a health care team | Discharge Workshop Academic Half Day | Participation using I-PASS | |
| 4.2 | Demonstrate the ability to communicate effectively, efficiently, and accurately as a member or leader of a health care team List essential components of the discharge summary. | Discharge Workshop Academic Half Day | Participation using | |
| 4.3 | Demonstrate the ability to effectively communicate and collaborate with colleagues, other health care professionals, or health related agencies | Handoff Workshop Academic Half Day | Participation | |
| 4.3 | Demonstrate the ability to effectively communicate and collaborate with colleagues, other health care professionals, or health related agencies Discuss the importance of developing a core question to ask the consultant. Apply the 5 C’s consultation guide to case scenarios | Consult Workshop Academic Half Day | Participation | |</p>
<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
<th>Learning Activity</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.4</td>
<td>Apply verbal and written medical communication skills to basic and advanced medical scenarios. List essential components of the discharge summary. Evaluate the quality of the discharge summary.</td>
<td>Discharge Workshop Academic Half Day</td>
<td>Participation</td>
</tr>
<tr>
<td>Practice-based Learning and Improvement</td>
<td>Use evidence based medicine and self-directed learning in the care of patient and education of others.</td>
<td>Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor</td>
<td>Preceptor Student Performance Assessment</td>
</tr>
<tr>
<td>5.2, 5.3</td>
<td>Uses evidence-based medicine and/or current literature to appropriately answer a clinical question.</td>
<td>Faculty hospital attending preceptor experience</td>
<td>Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor</td>
</tr>
<tr>
<td>1.6, 5.1, 7.2</td>
<td>Seeks, accepts and integrates feedback; self-aware of performance with respect to self-improvement</td>
<td>Faculty hospital attending preceptor experience</td>
<td>Preceptor feedback</td>
</tr>
<tr>
<td>Systems-based Practice: provide high-quality health care and advocate for patients within the context of the health care system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.10, 4.2, 4.3, 4.4, 6.2</td>
<td>Plans and executes patient handoffs that ensure safe continuity of care</td>
<td>Faculty hospital attending preceptor experience</td>
<td>Preceptor feedback</td>
</tr>
<tr>
<td>3.1, 3.9, 4.3</td>
<td>Interprets consultant recommendations and applies appropriately to the patient</td>
<td>Faculty hospital attending preceptor experience</td>
<td>Preceptor feedback</td>
</tr>
</tbody>
</table>
| 6.3, 6.4 | Participates in identifying system deficiencies that could jeopardize patient safety | Faculty hospital attending preceptor experience  
Hospital rounds, Grand rounds, Noon conferences, CORE Didactic lectures | Preceptor feedback  
Mid Sub-Internship and end of rotation  
Student Performance Assessment observation by your preceptor | Preceptor  
Student Performance Assessment |
|---|---|---|---|---|
| 6.2, 6.3 | Organizes and prioritizes responsibilities to provide patient care that is effective and efficient | Faculty hospital attending preceptor experience  
Hospital rounds, Grand rounds, Noon conferences, CORE Didactic lectures | Preceptor feedback  
Mid Sub-Internship and end of rotation  
Student Performance Assessment observation by your preceptor | Preceptor  
Student Performance Assessment |
| 6.2 | Provide appropriate referral of patients, including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes  
Describe the consequences of poor communication with regards to patient safety. | Consult Workshop  
Academic Half Day | Participation | Participation |
| Leadership: building upon the foundation of competence in the other six domains | Preceptor feedback  
Mid Sub-Internship and end of rotation  
Student Performance Assessment  
observation by your preceptor | Preceptor Student Performance Assessment |
|---|---|---|
| 7.1 | Demonstrate the ability to work effectively as a member of an interprofessional health care team | Handoff Workshop  
Academic Half Day | Participation |
| 7.1, 7.2, 7.3 | Serve as a positive role model to other students | Faculty hospital attending preceptor experience | Preceptor feedback  
Mid Sub-Internship and end of rotation  
Student Performance Assessment  
observation by your preceptor | Preceptor Student Performance Assessment |
### VII. FAMILY AND COMMUNITY MEDICINE SUB-I
#### CLINICAL EXPERIENCES FORM

<table>
<thead>
<tr>
<th>Patient Type/Clinical Condition</th>
<th>Procedure/Skills</th>
<th>Clinical Setting(s)</th>
<th>Level of Student Responsibility</th>
<th>Minimum # Required</th>
<th>Alternative Methods Used for Remediing Clinical Encounter Gaps</th>
<th>Alternative Methods were Used by 25% or More Students Y/N</th>
<th>Changes in 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted patient</td>
<td>Communicate with patient/family and ensure their understanding of the indications, risks, benefits, alternatives, and potential complications for treatments or procedures</td>
<td>Inpatient</td>
<td>Perform</td>
<td>1</td>
<td>Meet with course director who will find another patient on which student can demonstrate this skill</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Admitted patient</td>
<td>Communicate daily updates and results to patients/families in a sensitive manner using appropriate lay terms and avoiding/explaining medical jargon</td>
<td>Inpatient</td>
<td>Perform</td>
<td>1</td>
<td>Meet with course director who will find another patient on which student can demonstrate this skill</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Admitted patient</td>
<td>Communicate discharge instructions to the patient/family, inviting questions and confirming understanding</td>
<td>Inpatient</td>
<td>Perform</td>
<td>1</td>
<td>Meet with course director who will find another patient on which student can demonstrate this skill</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Admitted patient</td>
<td>Articulate a specific clinical question to initiate a consult request and communicate recommendations back to the primary team</td>
<td>Inpatient</td>
<td>Perform</td>
<td>1</td>
<td>Meet with course director who will find another patient on which student can demonstrate this skill</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Admitted patient</td>
<td>Write discharge summary</td>
<td>Inpatient</td>
<td>Perform</td>
<td>2</td>
<td>Meet with course director who will find another patient on which student can demonstrate this skill</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Admitted patient</td>
<td>Give appropriate hand-off of primary patient to on-call/night float resident</td>
<td>Inpatient</td>
<td>Perform</td>
<td>1</td>
<td>Meet with course director who will find another patient on which student can demonstrate this skill</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Patient being admitted from clinic or EC</td>
<td>Draft admission orders</td>
<td>Inpatient</td>
<td>Perform</td>
<td>1</td>
<td>Meet with course director who will find another patient on which student can demonstrate this skill</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Admitted patient</td>
<td>Draft discharge orders and prescriptions</td>
<td>Inpatient</td>
<td>Perform</td>
<td>1</td>
<td>Meet with course director who will find another patient on which student can demonstrate this skill</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Adult and Pediatric Clinic Patient</td>
<td>Communicate with patient/family and ensure their understanding of the indications, risks, benefits, alternatives, and potential complications for treatments or procedures</td>
<td>Clinic</td>
<td>Perform</td>
<td>1</td>
<td>Meet with course director who will find another patient on which student can demonstrate this skill</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Patient Type</td>
<td>Activity</td>
<td>Location</td>
<td>Task</td>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>----------</td>
<td>------</td>
<td>-------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult and Pediatric clinic patient</td>
<td>Articulate a specific clinical question to initiate a consult request and communicate recommendations back to attending physician</td>
<td>Clinic</td>
<td>Perform 1</td>
<td>Meet with course director who will find another patient on which student can demonstrate this skill</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult and Pediatric clinic patient</td>
<td>Write a Progress note</td>
<td>Clinic</td>
<td>Perform 5</td>
<td>Meet with course director who will find another patient on which student can demonstrate this skill</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult and Pediatric clinic patient</td>
<td>Write laboratory, radiology, immunization, medication orders</td>
<td>Clinic</td>
<td>Perform 5</td>
<td>Meet with course director who will find another patient on which student can demonstrate this skill</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant Patient</td>
<td>Write a progress note</td>
<td>Clinic</td>
<td>Perform 3</td>
<td>Meet with course director who will find another patient on which student can demonstrate this skill</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant Patient</td>
<td>Write laboratory, radiology, immunization, medication orders</td>
<td>Clinic</td>
<td>Perform 3</td>
<td>Meet with course director who will find another patient on which student can demonstrate this skill</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VIII. You Said, We Did:

We value your feedback and the following changes have been made in response to student concerns and suggestions. Sub-Internship course changes for 2017-2018:

Our written evaluations have been very positive. The following table reflects the conversations the Sub-Internship Director had with students at the end of the rotation.

<table>
<thead>
<tr>
<th>You Said</th>
<th>We Did</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased student responsibility and learning</td>
<td>Allowing students to have a more direct role with coordinating care with consulting services</td>
</tr>
<tr>
<td>Increased student responsibility and learning</td>
<td>Allowing students the opportunity to prepare and present the sign-out of their assigned patients to cross cover residents.</td>
</tr>
<tr>
<td>Increased student responsibility and learning</td>
<td>Encouraging students to carry an appropriate number of patients. Increased number of patients a student is responsible for from 1-2 to 3-4.</td>
</tr>
<tr>
<td>Increased student responsibility and learning</td>
<td>Developing an appropriate assessment and plan to present on rounds. Students are encouraged to work collaboratively with upper level residents to develop management plans.</td>
</tr>
<tr>
<td>Night Float Experience was rated lower.</td>
<td>We have decided to decrease the number of overnight calls beginning in July, 2018.</td>
</tr>
<tr>
<td>One faculty member had a ‘mistreatment concern’ documented.</td>
<td>The faculty with the ‘mistreatment’ was counseled at the time of the reporting and the faculty has since left the department.</td>
</tr>
<tr>
<td>There were two (2) low-graded faculty</td>
<td>Both faculty have since left the department.</td>
</tr>
</tbody>
</table>
IX. Student Roles, Responsibilities and Activities:

Clinical responsibilities:

1. Taking primary responsibility for the patient.
2. Writing histories, physicalscompetently and presenting oral presentations concisely.
3. Functioning as a team player with residents, attending, nursing staff and ancillary services involved in the care of the patient.
4. Prioritizing and organizing work effectively.
5. Actively self-directing learning to address medical problems.
6. Sharing information effectively with a patient and family.
7. Anticipating the needs of the patients during hospital course: ordering labs, studies, additional therapy, etc.
8. Communicating pertinent information about patients during hand-offs.
9. Coordinating the care of your patient during hospitalization and in planning for discharge.
10. Being responsible for managing at least 3-4 patients a day.
11. Being responsible for calling in appropriate consults, writing orders on all of your patients.
12. Demonstrating Family Medicine intern-level knowledge and skills.

After a brief time getting oriented on to the hospital Service (1 – 2 days) you should be able to admit a patient, write their history and create a management plan, discuss your plan with your team, present your patient at rounds, place orders and communicate your orders to staff, provide a handoff at the end of your shift.

You are required to be supervised by your preceptor in the following situations:

Performing breast, genitalia/pelvic, prostate/rectal exams (and with a chaperone if indicated)

Performing procedures

Develop your self-learning skills

Outside of times when you round with the faculty preceptor/attending physician; you may notice that residents and the team have a busy work flow, at these times teaching is less organized and formal than at other times or in other rotations. While your preceptor and residents on your team will make every effort to teach you between patients and at the beginning or end of the day, it likely will be difficult for them to stop...
their work to teach. Please save your questions for a later time to allow for good work flow. Use this opportunity to develop your self-learning skills. Use the resources provided including online databases to guide your learning. Use your skills in evidence-based medicine to research answers to your questions on your own. Develop skills in searching for answering clinical questions on your own as they arise.

**Join the clinical team and contribute where you can to provide quality care**

During your time on this rotation, you will be part of the clinical team that cares for patients. It may be a different team from what you are used to, in that many team members will not be physicians. Nevertheless, you, the hospital nursing staff, clinical pharmacists, social workers, therapists, consulting physician teams, your team residents and physicians are a team and you have much to contribute to the functioning of that team. Learn the roles and responsibilities of other team members, since this is an opportunity to learn how to participate in a residency team. A skill that will be needed to be successful in your upcoming residency (be it family medicine or not). Help other team members during busy periods. You may find that their job is not as easy as it looks. Keep your eyes open for other opportunities in which you can help your preceptor or the staff provide better care (e.g. – call Primary care attendings, obtain past medical records, call discharged patients, provide patient education, research answers to clinical questions).

**Contribute to the quality of the FCM Sub-Internship**

We ask you to evaluate a large number of items because we sincerely want to know your opinions and hear your suggestions on how to improve. Input from previous students has resulted in a number of revisions and improvements in the Sub-Internship over the years. Please be assured that your ratings and comments will similarly be reviewed and that they will be used as a basis for planning any further changes that are needed.

Additional notes on your preceptor Student Performance Assessment form: On the third Thursday of Sub-Internship you will receive a notice from E*value asking that you complete an evaluation on your attending faculty preceptors and residents. Also, you will have opportunity to select which preceptors and residents you wish to evaluate. Please complete this form on your preceptor(s) and residents by the requested deadline (the Monday after your Sub-Internship has been completed.)

If you have any specific issues about the Sub-Internship that you wish to discuss in detail, please contact the Sub-Internship Director to arrange a meeting. In addition, you should expect to talk with your Sub-Internship Director to discuss your final Student Performance Assessment and to provide them with feedback about your experience.
Stay in communication with the Sub-Internship Director staff

Please check your Baylor email periodically during the Sub-Internship Director. We do not intend to send you frequent emails, but will send you at least one during the middle of the clerkship.

**TIPS FOR THE ROTATION:**

Take initiative to make this a valuable educational experience and ask for the following at the appropriate times of the clerkship:

- Orientation to the hospital service on the first day
- Seek feedback daily – perhaps multiple times in a day
- Mid-course discussion
- End of course Student Performance Assessment
- Observed encounter by your preceptor

Take initiative and be a helpful team member in your preceptor’s office:

- Call consultants back
- Check on patients
- Review chart frequently for consultant notes, nursing communications, test results
- Offer to research clinical questions
- Do patient education
- Help wherever you can!

**DRESS CODE:**

- Clean white coat
- Business-appropriate dress or hospital assigned scrubs

**Do’s AND Don’ts of the Sub-Internship:**

**Do:**
- Be on time and present when expected or contact your preceptor and the Sub-Internship coordinators if not able to be present when expected
- Demonstrate professionalism in your interactions with everyone
- Show an interest in learning about all the patients you see and the conditions that they present with

Offer to be a helpful member of the team in the ways described above
Don’t:

- Schedule meetings away from the hospital during patient care time without the permission of the attending physician and the Sub-Internship Director in advance. This includes College committee meetings and meetings with your BCM mentor.

- Disagree with your attending physician or residents in front of patients or staff members. Please discuss your suggestions or concerns about patient care with your attending physician or residents in private.

- Disagree with your attending physician or residents when discussing with other consultants. Please discuss your suggestions or concerns about patient care with your attending physician or residents in private prior to discussing
X. Schedules:

**BTGH Admitting Schedule:**
Monday—7 am-3 pm, maximum 6 patients
Tuesday—no admissions
Wednesday—7 am-12 pm, maximum 7 patients (including step-down from ICU)
Thursday—no admissions
Friday—11 am-3 pm maximum 6 patients
We do admit on holidays

**NWC Schedule:**
Clinic Hours 8 am to 5 pm Mon – Fri
First appointment 8 am and every 15 minutes thereafter
Students only on Tuesday and Thursday am - See table below:

<table>
<thead>
<tr>
<th></th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WEEK 1</strong></td>
<td>AM</td>
<td>BCM (Orientation)</td>
<td>Hospital (Rounds)</td>
<td>Hospital (Admissions)</td>
<td>Clinic (Amb Care)</td>
<td>Hospital (Admissions)</td>
<td>OFF</td>
</tr>
<tr>
<td></td>
<td>PM</td>
<td>Hospital (Admissions)</td>
<td>Hospital (Rounds)</td>
<td>Hospital (Didactics)</td>
<td>Hospital (Admissions)</td>
<td>OFF</td>
<td>OFF</td>
</tr>
<tr>
<td><strong>WEEK 2</strong></td>
<td>AM</td>
<td>Hospital (Admissions)</td>
<td>Clinic (Prenatal care)</td>
<td>Hospital (Admissions)</td>
<td>Hospital (Admissions)</td>
<td></td>
<td>12 HOUR CALL</td>
</tr>
<tr>
<td></td>
<td>PM</td>
<td>Hospital (Admissions)</td>
<td>Hospital (Rounds)</td>
<td>Hospital (Didactics)</td>
<td>Hospital (Admissions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WEEK 3</strong></td>
<td>AM</td>
<td>Hospital (Admissions)</td>
<td>Hospital (Rounds)</td>
<td>Hospital (Admissions)</td>
<td>Clinic (Amb Care)</td>
<td>Hospital (Admissions)</td>
<td>OFF</td>
</tr>
<tr>
<td></td>
<td>PM</td>
<td>Hospital (Admissions)</td>
<td>Hospital (Rounds)</td>
<td>Hospital (Didactics)</td>
<td>Hospital (Admissions)</td>
<td>OFF</td>
<td>OFF</td>
</tr>
<tr>
<td><strong>WEEK 4</strong></td>
<td>AM</td>
<td>Hospital (Admissions)</td>
<td>Clinic (Prenatal care)</td>
<td>Hospital (Admissions)</td>
<td>Hospital (Admissions)</td>
<td></td>
<td>12 HOUR CALL</td>
</tr>
<tr>
<td></td>
<td>PM</td>
<td>Hospital (Admissions)</td>
<td>Hospital (Rounds)</td>
<td>Hospital (Didactics)</td>
<td>Hospital (Admissions)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Call:

To simulate the call experience in accordance with the common core elements of a Sub-Internship, all Family Medicine Sub-Internship students must participate in a call experience. This will be in the form of a partnered 12 hour call with a PGY 2 or PGY 3 resident at BTGH. The calls are one 12 hour shift on the weekends following Week 2 and Week 4. Call may be a day or night shift and will be assigned by the resident on the inpatient team. Student presents to Ben Taub Family Medicine resident room for call either 7 am or 7 pm depending on the shift and leaves the following day after appropriate handoffs have given to the inpatient and obstetrical team. The sub-intern is required to evaluate any issues involving medicine or obstetrical patients during their call experience. The sub-intern is required to stay to receive handoffs at the beginning and end of each night float shift.

During inactive times during their shift, the sub-intern student is welcome to rest in the “hotel” overnight stay rooms.

Note:--If the Family Medicine service is not busy during the day and the student wishes to experience more Obstetrics—he or she can round with the FM/OB attending and resident. The student is free to round on any newborn/postpartum patients and help manage any patients in active labor.
XI. Grades:

**Family and Community Medicine Sub-internship Grading Rubric**

<table>
<thead>
<tr>
<th>Requirements</th>
<th>% of Final Grade</th>
<th>Minimum Score to Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Student Performance Assessments - Faculty Preceptors</td>
<td>90%</td>
<td>A score of greater than or equals to standard deviations above the class mean</td>
</tr>
<tr>
<td>Professionalism</td>
<td>10%</td>
<td>Must pass to pass the Sub-Internship. See professionalism rubric.</td>
</tr>
<tr>
<td>Clinical Student Performance Assessments – Residents</td>
<td>0%</td>
<td>In case of grade discrepancy residents’ Student Performance Assessments will be reviewed.</td>
</tr>
</tbody>
</table>

**Grading Rubric:** Grades are based on the Student Performance Assessments, which are completed by supervising attendings and residents equally. Every student MUST have at least one attending Student Performance Assessment submitted in order to receive a grade.

10% of the final score is professionalism. The professionalism rubric includes relevant items from the course evaluation, compliance with the attendance policy and timely completion of all required documentation.

Serious breaches of professionalism alone are grounds for failure in the course and will be reported to the PACE committee.

<table>
<thead>
<tr>
<th>Requirements</th>
<th>% of Final Grade</th>
<th>Minimum Score to Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Student Performance Assessment</td>
<td>90</td>
<td>70% (average comp 1-15 should be 6.5 or greater)</td>
</tr>
<tr>
<td>Professionalism</td>
<td>10</td>
<td>70%</td>
</tr>
</tbody>
</table>

Students successfully completing all required elements including professionalism may earn scores as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Mean of Competencies 1-15</th>
<th>Mode of Global Readiness for Internship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>7.5 – 9</td>
<td>3/3 (no 1/3)</td>
</tr>
<tr>
<td>Grade Level</td>
<td>Score Range</td>
<td>Weightage</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td>High Pass</td>
<td>7.1 – 7.49</td>
<td>2/3 (no 1/3)</td>
</tr>
<tr>
<td>Pass</td>
<td>6.5 – 7.09</td>
<td>2/3 (with 1/3)</td>
</tr>
<tr>
<td>Marginal Pass or Fail*</td>
<td>Less than 6.5</td>
<td>1/3</td>
</tr>
</tbody>
</table>

*Comments from the assessors will be used by the sub-I grading committee to determine whether the student's score will be Marginal Pass or Fail.

In addition to achieving the competencies described above, a student performing at a level of Honors typically demonstrates the following behaviors:

- Takes ownership of his/her patient.
- Acts as an advocate for the patient.
- Incorporates psychosocial concerns into patient's management.
- Patient looks to the student as their primary care provider as it is the student who explains things to them and answers questions. (Of course student defers when appropriate.)
- Brings literature and outside resources to help develop and support their plan.
- Develops an organizational system to complete tasks in a timely fashion.
- Communicates with consultants, nurses, and ancillary providers.
- Takes initiative to teach core medical students and team.
- Familiar with patients other than those assigned to them and able to assist.

**Sub-internships: How a Failure May Be Earned for the Course**

How a failure may be earned in the BCM sub-internships:

1. Clinical performance alone. A failing clinical performance has been defined as greater than or equal to 2 SD below the mean for the preceding academic year OR earning less than a 2.0 in “global readiness for internship.”


   An “F” will appear on the transcript. Remediation of a failure requires that the course be repeated in its entirety. After successful remediation, the highest grade that can be earned is a Pass.
Grade Verification

- Due process involves providing students with a clear description of course expectations, including grading requirements, as well as behavioral and professionalism guidelines.

- Students may have questions about their final grade or the grading process. If students want to verify their final grade, they are first encouraged to meet with the course/clerkship directors informally to discuss those questions.

- After grade verification and discussion, the student may choose to proceed with a formal grade appeal if they believe they have received a grade unjustly.

- Grievances are not the same as disagreements. A student cannot file a grievance merely because s/he disagrees with the grade. A student can file a grievance if they believe the grade was unfair, for example, if it is felt to be an act of discrimination.

*Professionalism Requirements:

Please see Professionalism grade rubric

You must demonstrate professionalism in all clerkship activities and in all of your interactions with everyone. Any incident of unprofessionalism will be reviewed by our Sub-Internship and FCM Medical Education Committee and may result in a lowering of your overall grade or a grade of failure for the Sub-Internship.
Sub-internship Professionalism Grading Rubric (AY 16-17)

Serious professionalism breeches alone are grounds for failure in the course and will be reported to the PACE Committee. 10% of the final score will be derived from Professionalism Items as follows:

<table>
<thead>
<tr>
<th>POINTS SOURCE</th>
<th>IMPLEMENTATION</th>
<th>CCGG</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROF 1 ITEM Student Performance Assessment</td>
<td>1.3, 1.4, 1.5, 1.6, 7.3</td>
<td>1, 8, 10</td>
<td>prof w/ respect to patients &amp; families; compassionate &amp; respectful, advocates for patient/family's needs</td>
</tr>
<tr>
<td>PROF 2 ITEM Student Performance Assessment</td>
<td>Full Credit for No concern; Deduct 0.5 for each minor concern; Deduct 1 for each major concern</td>
<td>1.3, 1.4, 1.5, 1.6, 7.1</td>
<td>1, 6, 10</td>
</tr>
<tr>
<td>PROF 3 ITEM Student Performance Assessment</td>
<td>1.3, 1.4, 1.5, 1.6, 7.3</td>
<td>1, 8, 10</td>
<td>prof w/ respect to other students; serves as a positive role model</td>
</tr>
<tr>
<td>PROF 4 ITEM Student Performance Assessment</td>
<td>1.5, 1.6, 7.2</td>
<td>1, 10</td>
<td>prof w/ respect to self-improvement; seeks, accepts &amp; integrates feedback; self aware of performance</td>
</tr>
<tr>
<td>BCM Attendance Policy Compliance</td>
<td>Full Credit for compliance with Policy as written. Deduct points per policy breech at the discretion of the course director.</td>
<td>1.6</td>
<td></td>
</tr>
</tbody>
</table>
4 Timely completion of required documentation

| 1.6 | Full Credit awarded for timely completion of all required documentation. Deduct points for any tardy or missing documentation at the discretion of the course director. |

**Appeals**

If you wish to appeal, then, any student wishing to appeal a grade must initiate the process within 30 calendar days of receiving the disputed grade. An appeal letter should be sent to the Sub-Internship Director identifying the rotation and the grade being appealed, stating the reason(s) for the appeal, and specifying the requested change.

1. The Sub-Internship Director will meet with the student to discuss the appeal within 15 calendar days of receipt of the appeal letter.

2. If, after meeting with the student and consulting with faculty evaluating the student, the Sub-Internship director will present the appeal to the FCM Medical Education Committee. This committee includes the Chair of the department.

If the FCM Medical Education Committee determines that a change of grade is warranted, then the Sub-Internship Director will change the grade in a timely manner. If the Sub-Internship Director determine that a change of grade is not warranted, they must notify the student within 5 calendar days.

3. The student may make a final appeal to the Dean, whose decision is final.
XII. Student Performance Assessment Forms:
(See E-Value)

XIII. Recommended Texts/Videos/Resources:
There are no required reading assignments on this rotation and our examinations are not based on any textbooks. However, students are expected to read on clinical conditions they encounter on this rotation as well as any of the common clinical conditions seen in a family physician’s office. *Students are also expected to pursue answers to their clinical questions that arise during patient care.* Students may use textbooks or journals they are familiar with or any from the recommended reading list below. Students are encouraged to access other evidence-based information such as evidence-based clinical practice guidelines through the Internet and their handheld computers. Some of these will be discussed on the first day of the clerkship.

**TEXTBOOKS:**

**JOURNALS:**
Family Practice Clinical Research and/or Evidence-based Medicine:
The Journal of Family Practice (selected full-text articles available at [http://www.jfponline.com](http://www.jfponline.com))

**MEDICAL REFERENCES:**
UptoDate
ACP Journal Club--gives a quick summary about the quality of methodology and analysis of pertinent studies. Rated by topic relevance, i.e. primary care, hospital medicine. Can access this reference via TMC library.
XIV Policies:

- **Reporting Breaches in Professional Behavior**
  - Students should report all breaches in professional behavior or mistreatment to the Integrity Hotline at (855) 764-7294 or go to the Integrity Hotline Web Portal: [https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html](https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html)
  - For more information see the student handbook available at: [https://www.bcm.edu/education.academic-faculty-affairs/student-services/student-grievances](https://www.bcm.edu/education.academic-faculty-affairs/student-services/student-grievances)

- **Student Grievances/Mistreatment**
  - The leadership, faculty and staff of Baylor College of Medicine are all here to support and help you on your journey to becoming a leader in your chosen profession. In the event you have a grievance, we have created several pathways for you to receive help. Baylor community members are prohibited from retaliation.
  - We encourage that student grievances be resolved, if possible, by the student and the individual (student, faculty, and/or staff) most closely related to the grievance.
  - If no resolution is established, the student may ask her/his supervisor, program director, or dean for assistance.
  - If the grievance cannot be informally resolved by the supervisor, program director, or dean, the student must be directed to the Integrity Hotline and recommended to file a written grievance. Please refer to the Student Grievances Policy.

- **Filing a Written Grievance**
  - At any point, a student may choose to file a grievance utilizing the Integrity Hotline (phone number or web portal). To file a grievance by phone, call toll free at (855) 764-7292. An operator will document all the information regarding your grievance. If you are not filing anonymously, the operator will also document your personal information. Once all the information is obtained, the operator will file on your behalf.
  - To file a grievance online, go to the Integrity Hotline Web Portal. Select the category that best matches your concern or grievance.
  - You may choose to identify yourself or to file anonymously. If you choose to file anonymously your confidentiality will be protected to the limit of the law and within the scope of certain program accreditation requirements.
  - Once the grievance has been filed (via phone or online), you will be asked to create a password. You will be assigned a tracking number, called a Report Key. You may use your Report Key and your password to log back into the Integrity Hotline.
Hotline Web Portal to check status, answer follow up questions (if any) or submit new information.

- Written grievances are handled in accordance with the College’s policy on student grievances. Written grievances filed through the Integrity Hotline shall follow prescribed grievance resolution procedures for written grievances based upon grievance type (grade appeal, adverse academic action appeal, and other academic or student services/conduct grievance, non-academic professionalism mistreatment).

- Grade appeals and Adverse Academic Action Appeals must be submitted within ten business days of the grade/action posted.

- The Office of Compliance will work closely the Office of the Provost to triage student grievances.

- **Learner Mistreatment Policy**

  - BCM promotes a culture of respect between teacher and learner and works to ensure that the learning environment is free from conduct by faculty, staff, supervising residents, or others that could be reasonable interpreted by learners as mistreatment. Mistreatment may be verbal, emotional, or physical in nature. Examples include harassment, discrimination, public threats, and public or private humiliation.
    - Full policy: [https://intranet.bcm.edu/index.cfm?fuseaction=Policy_Display&Policy_Number=23.2.02](https://intranet.bcm.edu/index.cfm?fuseaction=Policy_Display&Policy_Number=23.2.02)
    - Options for reporting mistreatment:
      1. Contact a course director, dean, or trusted faculty member
      2. Contact the BCM Office of the Ombudsman at ombudsoffice@bcm.edu or (713) 798-5039
      3. File an anonymous report via the Integrity Hotline:
         - (855) 764-7292

- **HOW TO ACCESS BCM STUDENT COUNSELING**

  - Call 713-798-4881 to schedule an appointment
  - Email student-help@bcm.edu to request an appointment
    (48 hour turn around to get a response)
  - Contact WellConnect (24/7) - 866-640-4777  WellConnect
  - Reach out to Drs. Kass, Poythress or Stolar - **713-798-4600**
Grade Verification
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Patient Safety
- Patient safety is everyone's responsibility. Concerns should be reported to the appropriate affiliated institution for both quality improvement and assurance.

- Click on the link below for information on how and where to report at BCM affiliated institutions: [Guide to Reporting Patient Safety Incidents 7 14 2015.pdf](Guide_to_Reporting_Patient_Safety_Incidents_7_14_2015.pdf)

Course Failure
- If a student fails the Sub-Internship rotation, they will be required to repeat the course at a later date.

- The student may file an appeal or grievance in accordance with the policies listed above.

- The student can only receive the maximum of a pass grade for the repeated rotation.
XV. Frequently Asked Questions:

1. Who do I report to?

On the first day of the Sub-Internship, please report to the Ben Taub General Hospital 1500 Taub Loop, Houston, Texas 77030 Family Medicine Home Base: located on the 3rd floor across 3B. This is the FM residents call room.

2. Who is responsible for giving me mid-Sub-Internship feedback?

Your preceptor/Hospital faculty attending physician is responsible for giving you mid-Sub-Internship feedback. Your preceptor should offer you a time during the second week of the Sub-Internship for mid-Sub-Internship feedback, but if he/she does not, please ask your preceptor for time for formal feedback during the second week of the Sub-Internship and bring him/her the feedback form. Your preceptor will complete the feedback form that gives you feedback on your clinical performance at that point.

The Sub-Internship Director will review the feedback that your preceptor gives you. You may also request a meeting with the Sub-Internship Director to review the feedback with him, but this is not required.

3. What do I do if I can’t make it in one day?

   a. Please contact your preceptor to report your absence.
   b. Please also email Ms. Bridget Angel bridget.angel@bcm.edu to report your absence.
   c. For excused absences in advance (e.g. — presenting a poster at a national meeting, residency interviews), please also contact the Sub-Internship Director in advance.

4. If my patient has a procedure scheduled in the Texas Medical Center can I go and observe the procedure?

We understand that observing a patient’s procedure may improve continuity-of-care. If you desire to observe a patient’s procedure, please discuss this with your preceptor and gain his/her approval. However, the focus of this Sub-Internship is patient care and we ask that most of your Sub-Internship time be spent in care of your hospitalized or your clinic patients.

5. Should I ask the attendings and residents I work with for feedback?
Please ask your preceptor for informal feedback often. This will enable you to know what you need to improve.

During the second week of the Sub-Internship, please ask your preceptor for time for him/her to give you formal feedback and complete the feedback form.

6. **What is my role in the Sub-Internship?**

After a brief time getting oriented on to the hospital Service (1 – 2 days) you should be able to admit a patient, write their history and create a management plan, discuss your plan with your team, present your patient at rounds, place orders and communicate your orders to staff, provide a handoff at the end of your shift.

You are required to be supervised by your preceptor in the following situations: Performing breast, genitalia/pelvic, prostate/rectal exams (and with a chaperone if indicated), Performing procedures.

Develop your self-learning skills: Outside of times when you round with the faculty preceptor/attending physician; you may notice that residents and the team have a busy work flow, at these times teaching is less organized and formal than at other times or in other rotations. While your preceptor and residents on your team will make every effort to teach you between patients and at the beginning or end of the day, it likely will be difficult for them to stop their work to teach. Please save your questions for a later time to allow for good work flow. Use this opportunity to develop your self-learning skills. Use the resources provided including online databases to guide your learning. Use your skills in evidence-based medicine to research answers to your questions on your own. Develop skills in searching for answering clinical questions on your own as they arise.

7. **Why do I need to stay for call when on inpatient rotations?**

All Sub-Interns at Baylor College of Medicine are expected to take call this is an institutional requirement. We assign you to call on this rotation on weekends during at the end of Week two and four.

8. **What counts towards my 80 hour work week?**

The time spent in clinical care activity.
9. **Should I go to Lectures and Grand Rounds?**

Patient care comes first. Time permitting you are encouraged to attend morning report, noon conferences, CORE didactic lectures, hospital conferences.

Department of Family and Community Medicine Grand Rounds occur on one Tuesday evening per month at our department office, 3701 Kirby, 6th floor.

We will inform you of the topic and time for Grand Rounds for your rotation and you are welcome to attend. However, due to the long commute time for some of you from the hospital, we do not require your attendance at our department’s Grand Rounds.

10. **What should I do I have been mistreated but I don’t feel comfortable reporting it?**

We encourage you to report it (See learner Mistreatment Policy)

- **Full policy:**
  [https://intranet.bcm.edu/index.cfm?fuseaction=Display_Policy&Policy_Number=23.2.02](https://intranet.bcm.edu/index.cfm?fuseaction=Display_Policy&Policy_Number=23.2.02)

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  3. File an anonymous report via the Integrity Hotline:
     - (855) 764-7292

We also encourage you to discuss any concerns of mistreatment with:

- The Dean for Student Affairs (Dr. Joseph Kass, Dr. Poythress)
- The Family and Community Medicine Sub-Internship Director (Dr. Fareed M. Khan) fkhan@bcm.edu or the Chair of the Department of Family and Community Medicine (Dr. Roger Zoorob) roger.zoorob@bcm.edu or the Vice Chair for Education of the Department of Family and Community Medicine (Dr. William H. Huang) williamh@bcm.edu

We encourage you to report concerns of mistreatment so that they may be investigated and appropriate action can be taken as needed.